

Semi Annual Instructor Seminar
September 4 – 6, 2003
The Yarrow
Park City, Utah

Registration deadline: August 8, 2003

Fill in all information and mail to:
BEMS, Attn: Riki, PO Box 142004, Salt Lake City, Utah 84114-2004

Please read and sign before continuing:

All applications must be received with a hard copy agency purchase order or a check. Applications received without will be returned.

The BEMS refund policy is as follows: Participants canceling prior to August 18, 2003 will receive a full refund. Cancellation after August 18, 2003 or no shows will not be refunded. If participant registers with an agency purchase order and cancels after August 18, 2003 or no shows, the agency will be expected to pay the full amount.

I have read and fully understand the application process and refund policy

SIGNATURE

DATE

PLEASE SUBMIT A SEPARATE APPLICATION FOR EACH SEMINAR YOU WISH TO ATTEND

____ EMS INSTRUCTOR (125.00) ____ COURSE COORDINATOR (40.00) ____ TRAINING OFFICER (40.00)

____ NEW COURSE COORDINATOR (40.00) ____ NEW TRAINING OFFICER (40.00)

Participant Information

NAME _____
FIRST MI LAST

EMAIL ADDRESS

TELEPHONE NUMBER

EMT/EMD NUMBER

SOCIAL SECURITY NUMBER

EXPIRATION DATE

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Agency Affiliation

PO/CHECK # _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____